

# KENTUCKY TEACHERS' RETIREMENT SYSTEM

479 Versailles Road  
Frankfort, Kentucky 40601  
PH: 502/848-8500 FAX: 502/848-8599

## DISTRICT PERSONNEL ACTION

1. Name \_\_\_\_\_ 2. Social Security # \_\_\_\_\_
3. Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_
4. Phone ( \_\_\_\_\_ ) \_\_\_\_\_ 5a. Date of Birth \_\_\_\_\_ 5b. Female \_\_\_\_ Male \_\_\_\_
6. Name Change (Member's signature on line 15) \_\_\_\_\_  
Previous Name \_\_\_\_\_  
Previous Address \_\_\_\_\_
7. Change in Employer From \_\_\_\_\_  
To \_\_\_\_\_
- 8a. Position Status (check one)  
Full-time: \_\_\_\_\_ Substitute: \_\_\_\_\_  
Part-Time contractual: \_\_\_\_\_ Part-Time non-contractual: \_\_\_\_\_
- 8b. Contribution Rate: \_\_\_\_\_ %
- 9a. Enclosed Personnel Action  
Change in Position to: \_\_\_\_\_  
(*ex: Regular Teacher to Principal*)
- 9b. From \_\_\_\_\_ Days to \_\_\_\_\_ Days  
(*Contract days in prior position to days in new position*)
10. Total Contract Salary \$ \_\_\_\_\_
11. First Day of Work in this District \_\_\_\_\_, 20\_\_\_\_
12. Have you ever withdrawn an account with the Kentucky Teachers' Retirement System?  
(*circle one*) YES NO
13. Signature of District Designee \_\_\_\_\_  
Printed Name \_\_\_\_\_
14. Send Beneficiary Change Forms (*circle one*) YES NO
15. \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_  
Member Signature (*for name change only*)

**THIS FORM MAY BE DUPLICATED**